	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MUL	CO//7 70 414//7 TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) 04	M APPKOV D. 0938-03 TE SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	445310	B. WING	·		•
	ARE CENTER OF COPF	PER BASIN		STREET ADDRESS, CITY, STATE, ZIP 168 COPPER BASIN INDUSTRIAL	CODE 04	1/04/2017
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES		DUCKTOWN, TN 37328	PARK PO BOX 81	*
PRÉFIX TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S BLANCE	N SHOULD BE	(XIS) COMPLETIO DATE
K 000			K 00			<u> </u>
	Health Licensure and Care Facilities survey	was conducted by the State ment of Health Division of Regulation Office of Health			÷	
	Safety Survey, Life C was found not in sub- requirements for parti Medicare/Medicaid at Life Safety from Elec-	are Center of Copper Basin	· .			
(345 h	The requirement at 42 NOT MET as evidence NFPA 101 Fire Alarm (Naintenance	CFR, Subpart 483.70(a) is ed by: System - Testing and	K 345	The following actions hav	so boon	
e e e e	ccordance with an ap- ith the requirements of lectric Code, and NFF and Signaling Code. Re	ce and testing are readily		accomplished for those re that might be affected by practice and it is the polic Center of Copper Basin to NFPA 70 National Electric NFPA 72 Code National F Alarm and Signaling code Standards pertaining to er smoke detectors are 3 fee air flow. Covers that deflect away from the smoke detectors	the deficient by of Life Care comply with code, and fire and and the asuring at away from ct air flow	5/9/17
fall		met as evidenced by: ind interview, the facility detectors are 3 feet away ulrements of:		ordered on April 24th, 201: Covers that deflect air flow Installed by May 9th, 2017 Maintenance Director. To identify if other Residen the potential	will be by the	

Any deficiency statement eliging with an asteriek (*) denotes a deficiency which the inattrition may be excused from correcting providing it is determined that other safeguards provide surficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossible 90 days disjointing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

NI EMEN	IT OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(NO) ***	and the first of the control of the	MB NO.	. 0938-039	
n hḟWN	OF CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
	<u> </u>	445310	B. WING				
AME OF	PROVIDER OR SUPPLIES		<u></u>	STREET ADDRESS, CITY, STATE, ZIP CODE	04/	04/2017	
IFE CA	re center of cop			166 COPPER BASIN INDUSTRIAL PARK PO DUCKTOWN, TN 37326	BOX 518		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (75)			
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	100	(XS) COMPLETIO DATE	
K 345	Continued From pa	age 1	K 345	to be affected by the deficient pra-	otion on		
	This deficiency affe	ante 2 of 7 amples	İ	inspection was completed of all sr	cace an		
	compartments;	ora v of 1 sitioks		detectors to ensure they are at lea	et Parit		
		:		three feet away from air flow. 4 were			
ĺ	i ne findings includ	The findings include:		identified on April 5th, 2017 and will be			
ļ	Observation and in	torulous with the		corrected by May 9th, 2017. The fo	llouise		
ļ	Observation and interview with the maintenance director, on 4/4/17 at 10:42 AM revealed smoke detectors within 3 feet of air flow in corridor by			Measures were put into place to ensure			
-				the deficient practice will not occur	ore		
	resident rooms 110	, 114, 118 and 221.		that the Maintenance Director will	and#		
		ł		the facility monthly to ensure the si	moke	•	
	quicience mas idea	irector was present when the		detectors that are required to be ar	1000		
	deficiency was identified and acknowledged by the administrator during the exit conference on			feet away from air flow. Audit will be	5.0		
- 1	414111,			for three months to ensure complia	noc		
351	NFPA 101 Sprinkler	System - Installation	K 351	and this audit was added to the	ce,		
55-0	Spinkler System - Installation 2012 EXISTING		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	preventative maintenance schedule Corrective actions will be monitored	l to		
	Nursing homes, and	hospitals where required by		ensure the deficient practice will no	t occur		
- 1	coussinction type. 91	'e protected throughout by an	ļ	by the Maintenance Director will	Joui		
in so or so	appioved Butomanc	Shinking exertant in	j	present finding of the audit to			
	accomance with NF Installation of Society	PA 13, Standard for the		the Performance Improvement	ĺ		
	Installation of Sprink In Type I and II cons	truction, alternative protection		Committee. PI members are the	-		
	nicasmics ale Delilli	TIBO TO DA Substituted for		Executive Director, Director of Nursi	ina i		
	abunyas btotectiou i	It Specific areas where state	į	Medical Director, Director of Rehabi	litation		
	nt iocait ledinisatious t	Offibit sprinklers	1	Director of Maintenance, Director of			
	in nospitals, sprinkle	rs are not required in clothes]	Environmental, Director of Dietary.			
	of the closet dose of	eping rooms where the area	.	Director of Social Services, Director	of		
	of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as equired by NFPA 13, Standard for Installation of		- 1	Activities, Business Office Manager,	·		
				Health Information Manager.			
	oprinkler Systems .	į	İ	Minimum Data Set Coordinator,	Į		
[]	19.3.5.1, 19.3.5.2, 1(9.3.5.3, 19.3.5.4, 19.3.5.5,		Business Development Coordinator	and		
[];	19.4.2, 19.3.5.10, 9.7	7, 9.7.1.1(1) not met as evidenced by:	į	Human resources Director. This will	be i		
E				monitored for at least three months for			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: U4/U0/ZU1/ FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445310 B. WING NAME OF PROVIDER OR SUPPLIER 04/04/2017 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF COPPER BASIN 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE in TAG PREFIX (X6) COMPLETION DATE TAG DEFICIENCY) K 345 Continued From page 1 K345 K 345 compliance. 5/9/17 This deficiency affects 2 of 7 smoke compartments. The findings include: Observation and Interview with the maintenance director, on 4/4/17 at 10:42 AM revealed smoke detectors within 3 feet of air flow in corridor by resident rooms 110, 114, 118 and 221. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17. NFPA 101 Sprinkler System - Installation K 351 K 351 The following actions have been accomplished SS=D 5/9/17 for those residents that might be affected by Spinkler System - Installation the deficient practice and it is the policy of Life 2012 EXISTING Nursing homes, and hospitals where required by Care Center of Copper Basin to comply with construction type, are protected throughout by an NFPA 101 Sprinkler System-Installation, and approved automatic sprinkler system in NFPA 13 the Standards pertaining to accordance with NFPA 13, Standard for the installation of sprinkler systems by ensuring a Installation of Sprinkler Systems. Hydraulic nameplate is located in the sprinkler In Type I and II construction, alternative protection Riser room. A hydraulic nameplate was measures are permitted to be substituted for ordered on April 22nd, 2017 and the Hydraulic sprinkler protection in specific areas where state nameplate will be installed by the Maintenance or local regulations prohibit sprinklers. Director and corrected by May 9th, 2017. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area To identify if other Residents have the of the closet does not exceed 6 square feet and potential to be affected by the deficient sprinkler coverage covers the closet footprint as practice an inspection was required by NFPA 13, Standard for Installation of Sprinkler Systems.

FORM CMS-2567(02-99) Previous Versions Obsoleta

19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,

This STANDARD is not met as evidenced by: Based on observation and interview, the facility

19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)

Event ID: G8AF21

Facility ID: TN7001

If continuation sheet Page 2 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 04/06/201/ FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445310 B. WING NAME OF PROVIDER OR SUPPLIER 04/04/2017 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF COPPER BASIN 165 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX ΙĐ REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **PREFIX** (XIS) PLETION TAG DATE DEFICIENCY) K 351 K 351 Continued From page 2 K 351 completed of all Sprinkler riser rooms in failed to ensure a hydraulic nameplate was located in the aprinkler riser room per the this facility to ensure the required name requirements of: plates were intact. No additional deficient areas were identified. A hydraulic NFPA 101, 2012 Edition 19.3.5.1, 9.7.1.1 nameplate for the identified Riser room NFPA 13, 2010 Edition 24.5.1 was ordered on April 22nd, 2017 and the This deficiency affects 0 of 7 smoke Hydraulic nameplate will be installed by compariments. the Maintenance Director and corrected by May 9th, 2017. The findings include: The following Measures were put into place to ensure the deficient practice will Observation and interview with the maintenance not occur are the Maintenance Director or director, on 4/4/17 at 1:19 PM revealed the hydraulic nameplate was missing from the Assistant will audit facility monthly to sprinkler system. ensure the Sprinkler riser room has required nameplate for three months to The maintenance director was present when the ensure compliance, and this audit was deficiency was identified and acknowledged by added to the preventative maintenance the administrator during the exit conference on

NFPA 101 Evacuation and Relocation Plan K 711 SS=D

Evacuation and Relocation Plan

There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan

components per 18/19,2,2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3

This STANDARD is not met as evidenced by:

K 711

schedule. Corrective actions will be monitored to ensure the deficient practice will not occur by the Maintenance Director will present finding of the monthly audit to the Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental, Director of Dietary, Director of Social Services, Director of Activities, Business Office Manager, Health Information Manager, Minimum Data Set Coordinator **Business Development Coordinator and** Human resources Director.

4/4/17.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/06/201/ CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445310 B WING NAME OF PROVIDER OR SUPPLIER 04/04/2017 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF COPPER BASIN 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX łD PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY Continued From page 2 K 351 K351 falled to ensure a hydraulic nameplate was This will be monitored for at least three located in the aprinkler riser room per the months for compliance. requirements of: NFPA 101, 2012 Edition 19.3.5.1, 9.7.1.1 NFPA 13, 2010 Edition 24.5.1 This deficiency affects 0 of 7 smoke compartments. The findings include: Observation and interview with the maintenance director, on 4/4/17 at 1:19 PM revealed the hydraulic nameplate was missing from the sprinkler system. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17. K 711 NFPA 101 Evacuation and Relocation Plan K 711 K 711 SS*D The following actions have been Evacuation and Relocation Plan 5/9/17 There is a written plan for the protection of all accomplished for those residents that might patients and for their evacuation in the event of be affected by the deficient practice and it is the policy of Life Care Center of Copper an emergency. Employees are periodically instructed and kept Basin to comply with NFPA 101 Evacuation informed with their duties under the plan, and a and relocation plan, and the Standards copy of the plan is readily available with telephone pertaining to the facility keeps dietary staff operator or with security. The plan addresses the informed with their duties and basic basic response required of staff per 18/19.7.2.1.2 responses under the plan. Dietary staff and provides for all of the fire safety plan received education and training on the fire components per 18/19,2.2. safety plan and on their duties related to the 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, kitchen suppression system operation and 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, how to properly activate the suppression

19.7.2.2, 19.7.2.3

This STANDARD is not met as evidenced by:

system if there is a fire under the kitchen hood on April 11th, 2017 and repeated on

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PKIN1ED: 04/00/201/ FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING **01 - MAIN BUILDING 01** 445310 NAME OF PROVIDER OR SUPPLIER 04/04/2017 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF COPPER BASIN 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K711 Continued From page 3 K 711 K 711 Based on interview, the facility failed to train April 25th, 2017 by the Maintenance dietary staff on the suppression system operation Director and the Executive Director. per the requirements of: To identify if other Residents have the NFPA 101, 2012 Edition 19.7.2.2(4) potential to be affected by the deficient practice Dietary staff will receive continued The deficiency affected 1 of 7 smoke education and training and opportunity for compartments. questions related to the fire safety plan and on their duties related to the The findings include: kitchen suppression system operation by the Maintenance director once a month for interview with 1 of the dietary staff, on 4/4/17 at three months. 1:10 PM revealed the staff member was not The following Measures were put into trained to properly activate the suppression place to ensure the deficient practice will system if there is a fire under the kitchen hood. not occur. The Maintenance Director or The maintenance director was present when the Assistant will conduct a fire drill related to deficiency was identified and acknowledged by a kitchen fire under the hood for both shifts the administrator during the exit conference on This drill has been added to the Life safety 4/4/17. drill schedule on will be conducted by May K 920 NFPA 101 Electrical Equipment - Power Cords 9th, 2017. K 920 SS=D and Extens . Corrective actions will be monitored to ensure the deficient Electrical Equipment - Power Cords and practice will not occur by the Maintenance **Extension Cords** Director will present finding of the monthly Power strips in a patient care vicinity are only audit and response to fire drills to the used for components of movable Performance Improvement Committee patient-care-related electrical equipment consisting of the Executive Director, (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of Director of Nursing, Medical Director, 10.2.3.6. Power strips in the patient care vicinity Director of Rehabilitation, Director of may not be used for non-PCREE (e.g., personal Maintenance, Director of Environmental, electronics), except in long-term care resident Director of Dietary, Director of Social rooms that do not use PCREE. Power strips for Services, Director of Activities, Business PCREE meet UL 1363A or UL 60601-1. Power Office Manager, Health Information

strips for non-PCREE in the patient care rooms

care rooms, power strips meet other UL

(outside of vicinity) meet UL 1363. In non-patient

Manager, MDS Coordinator, Business

Development Coordinator and Human

resources Director. This will be monitored for at least three months for compliance.

		E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA		O4	KINTED: U4/U6/2 FORM APPROV MB NO. 0938-03	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY	
MAINT OF	-	445310	B. WING		OOMPLE:ED	
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		04/04/2017	
LIFE C#	RE CENTER OF COP	ÖED BAOIN				
			j	166 COPPER BASIN INDUSTRIAL PARK PO E	30X 518	
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES		DUCKTOWN, TN 37326		
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
K 711	Continued From pag	ge 3	K 711			
	Based on interview, the facility failed to train dietary staff on the suppression system operation per the requirements of:		K /11			
	NFPA 101, 2012 Edi	ition 19.7.2.2(4)				
.]	The deficiency affect compartments.	ted 1 of 7 smoke	ļ			
	The findings include:	:				
	trained to properly ac system if there is a fil	e dietary staff, on 4/4/17 at e staff member was not ctivate the suppression re under the kitchen hood.				
t 4	he administrator duri 1/4/17.	ector was present when the fied and acknowledged by ing the exit conference on				
- اِحت	IIIA IEVIDIJA	Equipment - Power Cords	K 920	K 920 The following actions have been	5/9/17	
1 🛏	ilectrical Equipment - Extension Cords			accomplished for those residents that mig be affected by the deficient practice and it	it ie	
Ü	Power strips in a patient care vicinity are only used for components of movable		Ì	the policy of Life Care Center of Copper		
	Aucht-Care-related electrical equipment			Basin to comply with NFPA 101 Electrical	À [
171	ooms that do not use PCREE Reversation for the conditions of the c			Equipment-Power Cords and Extension cords, and the Standards and the Standards and the Standards	1	
-			1	cords, and the Standards pertaining to the facility has power strips in patient care are	8	
. 41			ļ	that meet the UL standards. The power st	38S	
(100				from resident rooms 129A and 133A were	ne l	
1.0			į	removed by the Maintenance Director on	້	
	OVEE 11106! OF 1383	IA DE LIL BOBO 1-1 Device		April 5th, 2017.		
		· · · · · · · · · · · · · · · · · · ·	1	To Identify if other Residents have the		
st	いわる いい いのいっちぐんドドリ	IN the patient care rooms			L L	
st (o	いわる いい いのいっちぐんドドリ	In the patient care rooms		potential to be affected by the deficient practice the Maintenance Director and		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: UNUD/2017 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445310 **B. WING** NAME OF PROVIDER OR SUPPLIER 04/04/2017 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF COPPER BASIN 165 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LISC (DENTIFYING INFORMATION) (X4) (D PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (0(5) COMPLETION TAG TAG DATE DEFICIENCY) K 920 Continued From page 4 K 920 K 920 standards. All power strips are used with general care areas for unapproved precautions. Extension cords are not used as a electrical cords and power strips. Ten substitute for fixed wiring of a structure. rooms were identified as having power Extension cords used temporarily are removed strips that did not met the UL standards for immediately upon completion of the purpose for which it was installed and meets the conditions of patient care areas and ten UL approved power cords were ordered on April 26th, 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 2017. These UL approved power strips/ (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Extension cords will be used temporarily This STANDARD is not met as evidenced by: until the additional outlets can be installed Based on observation and record review, the in affected resident rooms. The new UL facility failed to provide power strips in patient approved Electrical cords will be installed care areas for patient-care-related electrical by May 9th, 2017. equipment (PRCEE) and non-PRCREE that meet The following Measures were put UL 1363A or UL 60601-01 for PCREE and UL into place to ensure the deficient practice 1363 for non-PRCREE per the requirements of: will not occur. The Maintenance Director or Assistant will audit the resident care areas NFPA 99, 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 monthly to ensure only UL approved cords 400-8 & 590.3 (D) are in use. Audit will be for three months to This deficiency affected 1 of 7 smoke ensure compliance, and this audit was compartments. added to the preventative maintenance schedule. The findings include: Corrective actions will be monitored to ensure the deficient practice will not occur Observation and record review with the by the Maintenance Director will present maintenance director, on 4/4/17 at 11:05 AM finding of the monthly audit for unapproved revealed resident rooms 129A and 133A have use of Electrical cords/power strips in power strips, being used for multiple personal resident care areas to the Performance devices that are not UL 1363. Improvement Committee consisting of the Executive Director, Director of Nursing, The maintenance director was present when the Medical Director, Director of Rehabilitation, deficiency was identified and acknowledged by the administrator during the exit conference on Director of Maintenance, Director of Environmental, Director of Dietary, Director 4/4/17.

of Social Services, Director of Activities, Business Office Manager, Health Information Manager, Minimum Data Set Coordinator, Business Development

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/06/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445310 NAME OF PROVIDER OR SUPPLIER 04/04/2017 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF COPPER BASIN 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (XIS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY K 920 Continued From page 4 K 920 standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed K 920 immediately upon completion of the purpose for and Human resources Director. This will which it was installed and meets the conditions of be monitored for at least three months for 10.2.4. 10.2.3.8 (NFPA 99), 10.2.4 (NFPA 99), 400-8 compliance. (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide power strips in patient care areas for patient-care-related electrical equipment (PRCEE) and non-PRCREE that meet UL 1363A or UL 60601-01 for PCREE and UL 1363 for non-PRCREE per the requirements of: NFPA 99, 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 400-8 & 590.3 (D) This deficiency affected 1 of 7 smoke compartments. The findings include: Observation and record review with the maintenance director, on 4/4/17 at 11:06 AM revealed resident rooms 129A and 133A have power strips, being used for multiple personal devices that are not UL 1363. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.